PALMER CENTER

3023 SOUTH 84TH STREET

WEST ALLIS 53227 Phone: (414) 607-4100 Ownership: Nonprofit Church-Related

Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/00): 0 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): 20 Average Daily Census: 10 Number of Residents on 12/31/00:

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Services Provided to Non-Residents	Age, Sex, and Primary Diagno	Length of Stay (12/31/00) %					
Home Health Care	No	Primary Diagnosis	%	Age Groups	<sub> </sub>	Less Than 1 Year	
Supp. Home Care-Personal Care	No					1 - 4 Years	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	0.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	0.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	0.0	Full-Time Equivalent	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0.0		0.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	0.0		
Transportation	No	Cerebrovascul ar				RNs	
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	
Other Services	No	Respiratory	0.0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	•	Aides & Orderlies	
Mentally Ill	No	1		Female	•		
Provide Day Programming for		İ	0.0				
Developmentally Disabled	No	1					
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## Method of Reimbursement

		Medic	 are		Medica	aid											
	(Title 18)			(Title 19)			0ther		Private Pay			]	Managed Care			Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien		_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	. %
Skilled Care	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	. %
Intermediate				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	. %
Limited Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	. %
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	. %
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	. %
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	. %
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	. %
Total	0	0.0		0	0.0		0	0.0		0	0. 0		0	0.0		0	100.0%

PALMER CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of $12/$	31/00
Deaths During Reporting Period							
		[		9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng			•		0
Other Nursing Homes	0.0	Dressi ng	•				0
Acute Care Hospitals	0.0	Transferring					0
Psych. HospMR/DD Facilities	0.0	Toilet Use					0
Rehabilitation Hospitals	0.0	Eating					0
Other Locations	0.0	**************	*********	*****	*********	**********	********
Total Number of Admissions	0	Continence		%	Special Trea	ntments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	0.0	Recei vi ng	Respiratory Care	0. 0
Private Home/No Home Health	0.0	0cc/Freq. Incontinent	of Bladder	0.0	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel	0.0	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	61.5				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	7. 7	Mobility			Recei vi ng	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0.0	Recei vi ng	Mechanically Altered Diets	0.0
Rehabilitation Hospitals	0.0						
Other Locations	23. 1	Skin Care			Other Reside	ent Characteristics	
Deaths	7. 7	With Pressure Sores		0.0	Have Advar	nce Directives	0. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	13	I			Recei vi ng	Psychoactive Drugs	0. 0
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		0wn	ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Non	profi t	Unde	er 50	Int	ermedi ate	All	1
	Facility	Peer	Group	Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	<b>50</b> . <b>0</b>	91.5	0. 55	74. 2	0. 67	<b>50.</b> 0	1. 00	84. 5	0. 59
Current Residents from In-County	0. 0	87. 4	•	85.6			•	77. 5	0.00
Admissions from In-County, Still Residing		27. 5		30. 4		•		21.5	0.00
Admissions/Average Daily Census	0. 0	115. 2	0.00	95.0	0.00	•		124. 3	0.00
Discharges/Average Daily Census	130. 0	118. 5	1. 10	103.0	1. 26	130. 0	1. 00	126. 1	1.03
Discharges To Private Residence/Average Daily Census	0. 0	35. 5	0.00	8. 0	0.00	0.0	0. 00	49. 9	0.00
Residents Receiving Skilled Care	•	89. 5	•	73. 4		0.0	0. 00	83. 3	0.00
Resi dents Aged 65 and Older	0. 0	96. 9	0.00	96. 3	0.00		•	87. 7	0.00
Title 19 (Medicaid) Funded Residents	•	<b>57.</b> 6	•	50. 5		0.0	0. 00	69. 0	0.00
Private Pay Funded Residents	•	35. 4	•	45. 2			•	22.6	0.00
Developmentally Disabled Residents	0. 0	0.4	0.00	0.0	0.00	0.0	0. 00	7. 6	0.00
Mentally Ill Residents	0. 0	30. 8	0. 00	52. 7	0.00		0. 00	33. 3	0.00
General Medical Service Residents	0. 0	24. 9	0.00	8.0	0.00		0. 00	18. 4	0.00
Impaired ADL (Mean)	0. 0	50. 5	0.00	51.9	0.00		•	49. 4	0.00
Psychological Problems	0. 0	45. 5	0.00	36. 7	0.00		0. 00	50. 1	0.00
Nursing Care Required (Mean)	0. 0	6. 6	0.00	6. 4	0.00		0. 00	7. 2	0.00